



2011 JUN 13 3:43pm

June 13, 2011

WASTE MANAGEMENT

92-460 Farrington Hwy.
Kapolei, HI 96707
(808) 668-2985
(808) 668-1366 Fax

Director of Health
Clean Water Branch
Environmental Management Division
State Department of Health
919 Ala Moana Blvd, Room 301
Honolulu, HI 96814-4920

Attention: Ms. Lauren Tokura, Enforcement Section

Subject: Annual Discharge Monitoring Report and Storm Water Results, Waimanalo Gulch Sanitary Landfill, Kapolei, Oahu, Hawaii, File No. HI R50A533

Dear Ms. Tokura:

During a recent review of our files, we were unable to verify through a certified mail receipt or a DOH stamped copy that the 2010 annual Discharge Monitoring Report had been submitted. Attached is a copy of that report for your files.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

If you should have any questions or require additional information, please contact me at (808) 668-2985.

Very truly yours,

Joseph Whelan
General Manager
Waste Management of Hawaii

From everyday collection to environmental protection, Think Green® Think Waste Management.

Enclosures:

Laboratory Data
Discharge Monitoring Reports
Notice of Exceedance Letters
Inspection Reports

cc: Wayne Hamada – City and County of Honolulu
Justin Lottig – WMH
Tobias Koehler – AECOM Technical Services, Project Manager

Attachment B
Discharge Monitoring Reports

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITOR'S REPORT (DMR)

PARTICIPATE NAME/AL - 92-460 Farrington Highway
City and County of Honolulu
Department of Environmental Services, Refuse Division
1000 Uluohia Street, Suite 212
Kapolei, Oahu 96707

HI REG#533	WGL-CUNr-01
DISCHARGE NUMBER	

ADDRESS 92-460 Farrington Highway

Kapolei, Oahu 96707

FACILITY Waianae Gulch Sanitary Landfill

LOCATION Cuvett Entrance, Property Boundary
Sampled on 5/31/10

NOTE: Read instructions before completing this form.

PARAMETER	MONITORING PERIOD		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	YEAR	MO	DAY	YEAR	MO	DAY				
Biochemical Oxygen Demand	10	03	02	11	03	01				
Chemical Oxygen Demand										
Total Suspended Solids										
Total Phosphorus										
Total Nitrogen										
Nitrate + Nitrite Nitrogen										
Total Kjedahl Nitrogen										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER							TELEPHONE	DATE		
Joseph Whelan, General Manager/Vice President Whale Management of Hawaii, Inc.							808-658-2593	2010	6	10
TYPED OR PRINTED							NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS (Reference all attachments here.)										
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE			

NATIONAL POLLUTANT DISCHARGE

MANAGEMENT SYSTEM (NPDES)
REPORT (DMR)

PERMITTEE NAME/AL.: —SS/Medite Facility Management of Different
 NAME City and County of Honolulu
 Department of Environmental Services, Refuse Division
 1000 Uloonia Street, Suite 212
 Kapolei, Oahu 96707

H-100A533	WGLF-Cubatot-01
DISCHARGE NUMBER	

ADDRESS 92-460 Farrington Highway
 Kapolei, Oahu 96707
 FACILITY Waimanao Gulch Sanitary Landfill
 LOCATION Culvert Entrance, Property Boundary

NOTE: Read instructions before completing this form.

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY		
FROM	10	03	02	To	11	03	01

QUALITY OR CONCENTRATION

PARAMETER	SAMPLE	MEASUREMENT	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oil and Grease	SAMPLE MEASUREMENT					1.0	mg/L	0	1/365	Grab
pH	SAMPLE MEASUREMENT					15			1/365	Grab
Flow	SAMPLE MEASUREMENT	cfs			7.1			1	1/365	Grab
Total Recoverable Iron	SAMPLE MEASUREMENT				7.6 - 8.6				1/365	Gmb
Total Recoverable Zinc	SAMPLE MEASUREMENT								1/365	Composite
Aerobic	SAMPLE MEASUREMENT					0.150	mg/L	0	1/365	Composite
Alpha Terphthal	SAMPLE MEASUREMENT					1.0			1/365	Composite
	SAMPLE MEASUREMENT					0.066	mg/L	0	1/365	Composite
	SAMPLE MEASUREMENT					0.022			1/365	Composite
	SAMPLE MEASUREMENT					0.057	mg/L	0	1/365	Composite
	SAMPLE MEASUREMENT					10			1/365	Composite
	SAMPLE MEASUREMENT					< 0.011	mg/L	0	1/365	Composite
	SAMPLE MEASUREMENT					0.033			1/365	Composite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER							TELEPHONE		DATE	
Joseph Whelan, General Manager/Vice President Waste Management of Hawaii, Inc.							608-2895	2010	0	10
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)										

I certify under penalty of perjury that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to insure that qualified persons properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONIT'G REPORT (DMR)

PERMITTEE NAME/ADDRESS (Indicate Facility Name/Location if Different)
 NAME: City and County of Honolulu
 Department of Environmental Services, Refuse Division
 1000 Uloehia Street, Suite 212
 Kapolei, Oahu 96707

ADDRESS: 32-460 Farrington Highway
 Kapolei, Oahu 96707

FACILITY: Waianae Gulch Sanitary Landfill

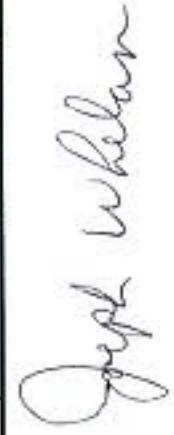
LOCATION: Culvert Entrance, Property Boundary

PERMIT NUMBER	HI R50A533
DISCHARGE NUMBER	WGLF-Oahuen-01

OMB No. 2040-0004

Form Approved.

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Benzene	SAMPLE MEASUREMENT					< 0.056	mg/L	0	1/365	Composite
	PERMIT REQUIREMENT					0.12			1/365	Composite
p-Cresol	SAMPLE MEASUREMENT					< 0.011	mg/L	0	1/365	Composite
	PERMIT REQUIREMENT					0.025			1/365	Composite
Phenol	SAMPLE MEASUREMENT					< 0.011	mg/L	0	1/365	Composite
	PERMIT REQUIREMENT					0.026			1/365	Composite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										
Joseph Whelan, General Manager/Vice President Waste Management of Hawaii, Inc.										
TYPED OR PRINTED										
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Refer to all attachments here)										
 I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.										
TELEPHONE DATE										
808-668-2985 2010-06-10 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Area Code Number Year MO Day										

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME	City and County of Honolulu Department of Environmental Services, Refuse Division 1000 Uluohia Street, Suite 212 Kapolei, Oahu 96707	PERMIT NUMBER	H1R50A533	WGLF-Culvert-02
DISCHARGE NUMBER				

ADDRESS 92-400 Flamington Highway
Kapolei, Oahu 96707
FACILITY Waianae Gulch Sanitary Landfill
LOCATION Culvert Entrance, Property Boundary
Sampled on 12/10/10

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Biochemical Oxygen Demand	SAMPLE MEASUREMENT					5.68	mg/L	0	1/365 Composite
	PERMIT REQUIREMENT				Report			1/365	Composite
Chemical Oxygen Demand	SAMPLE MEASUREMENT					75	mg/L	0	1/365 Composite
	PERMIT REQUIREMENT				Report			1/365	Composite
Total Suspended Solids	SAMPLE MEASUREMENT					4	mg/L	0	1/365 Composite
	PERMIT REQUIREMENT				Report	100		1/365	Composite
Total Phosphorus	SAMPLE MEASUREMENT					0.42	mg/L	0	1/365 Composite
	PERMIT REQUIREMENT				Report			1/365	Composite
Total Nitrogen	SAMPLE MEASUREMENT					9.1	mg/L	0	1/365 Composite
	PERMIT REQUIREMENT				Report			1/365	Composite
Nitrate + Nitrite Nitrogen	SAMPLE MEASUREMENT					7.6	mg/L	0	1/365 Composite
	PERMIT REQUIREMENT				Report			1/365	Composite
Total Kjeldahl Nitrogen	SAMPLE MEASUREMENT					1.1	mg/L	0	1/365 Composite
	PERMIT REQUIREMENT				Need result for calculation			1/365	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Joseph Whelan, General Manager/Vice President Westo Management of Hawaii, Inc.	808 658-2685	2010 12 30
TYPED OR PRINTED		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME: ESS Marine Facility Name/Location of Discharge
 City and County of Honolulu
 Department of Environmental Services, Route Division
 1000 Uluana Street, Suite 212
 Kapolei, Oahu 96707

NATIONAL POLLUTANT DISCHARGE MONITORING REPORT (NPDES)
 ELIMINATION SYSTEM (DIS) REPORT (DAR)

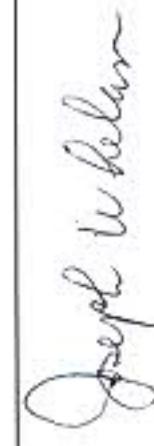
PERMIT NUMBER	HI R50A533
DISCHARGE NUMBER	WOLF-Cubwell-02

ADDRESS: 92-460 Farrington Highway
 Kapolei, Oahu 96707
 FACILITY: Waianae Citch Sanitary Landfill
 LOCATION: Cubent Entrance, Property Boundary
 Sampled on 1/21/10/10

MONITORING PERIOD							
YEAR	MO	DAY	YEAR	MO	DAY		
FROM	10	3	02	TO	10	12	30

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUALITY OR LOADING			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS			
Oil and Grease	SAMPLE MEASUREMENT				5.1	mg/L	Grab
	PERMIT REQUIREMENT				15		
pH	SAMPLE MEASUREMENT				7.54		Grab
	PERMIT REQUIREMENT				5.5-8.0		
Flow	SAMPLE MEASUREMENT	0.45	cfs		cfs		Grab
	PERMIT REQUIREMENT	No discharge limitation at this time.					
Total Recoverable Iron	SAMPLE MEASUREMENT				0.14	mg/L	Composite
	PERMIT REQUIREMENT				1.0		
Total Recoverable Zinc	SAMPLE MEASUREMENT				0.0083	mg/L	Composite
	PERMIT REQUIREMENT				0.022		
Amonia	SAMPLE MEASUREMENT				0.18	mg/L	Composite
	PERMIT REQUIREMENT				10 (daily max) 4.9 (max monthly avg)		
Alpha Terpineol	SAMPLE MEASUREMENT				< 0.01	mg/L	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Joseph Whelan, General Manager/Vice President Waste Management of Hawaii, Inc.	808-258-5	2010-12-30
TYPED OR PRINTED		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (reference all attachments here)

PERMITTEE NAME/AL...-LESS Facility Name/Location/Division
 City and County of Honolulu
 Department of Environmental Services, Refuse Division
 1000 Uahia Street, Suite 212
 Kapolei, Oahu 96707

NATIONAL POLLUTANT DISCHARGE MONITORING REPORT (NPDES)
 HI R50ASSD
 WIGF-Cuver-02
 PERMIT NUMBER
 DISCHARGE NUMBER

ADDRESS 92-460 Farmington Highway
 Kapolei, Oahu 96707
 FACILITY Waianae Gulch Sanitary Landfill
 1000 Uahia Street, Suite 212
 Kapolei, Oahu 96707
 LOCATION Culvert Entrance, Property Boundary
 Sampled on 12/10/10

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 10	3	02	TO 10	12	30

NOTE: Read instructions before completing this form.

PARAMETER	PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE			
Benzene Acid	SAMPLE MEASUREMENT					0.033 (daily max) 0.018 (max monthly avg)		1/365	Composite
	PERMIT REQUIREMENT					< 0.05 mg/L		0	1/365 Composite
p-Cresol	SAMPLE MEASUREMENT					0.12 (daily max) 0.071 (max monthly avg)		1/365	Composite
	PERMIT REQUIREMENT					< 0.01 mg/L		0	1/365 Composite
Phenol	SAMPLE MEASUREMENT					0.025 (daily max) 0.014 (max monthly avg)		1/365	Composite
	PERMIT REQUIREMENT					< 0.01 mg/L		0	1/365 Composite
Total Recoverable Arsenic	SAMPLE MEASUREMENT					0.026 (daily max) 0.015 (max monthly avg)		1/365	Composite
	PERMIT REQUIREMENT					0.0047 mg/L		0	1/365 Composite
Total Recoverable Cadmium	SAMPLE MEASUREMENT					0.36		1/365	Composite
	PERMIT REQUIREMENT					< 0.00045 mg/L		0	1/365 Composite
Total Recoverable Chromium (VI)	SAMPLE MEASUREMENT					0.003		1/365	Composite
	PERMIT REQUIREMENT					< 0.010 mg/L		0	1/365 Composite
						0.016		1/365	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joseph Whelan, General Manager/Vice President Waste Management of Hawaii, Inc.	TELEPHONE 203 698-2885	DATE 2010 12 30
TYPED OR PRINTED <i>Joseph Whelan</i>	AREA CODE NUMBER YEAR MONTH DAY	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER	HI-R50A533
DISCHARGE NUMBER	WG-J-Culvert-02
OVB No. 2040-0004	

ADDRESS	92-460 Fannington Highway Kapolei, Oahu 96707
FACILITY	Waimanalo Gulch Sanitary Landfill
LOCATION	Culvert Entrance, Property Boundary Sampled on 12/10/10

NOTE: Read instructions before completing this form.

PARAMETER	MONITORING PERIOD		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	YEAR FROM 10	MO 3	DAY 02	YEAR TO 10	MO 12	DAY 30				
Total Recoverable Lead							< 0.009	mg/L	0	1/365
Total Recoverable Mercury							< 0.029	mg/L	0	1/365
Total Recoverable Selenium							< 0.0002	mg/L	0	1/365
Total Recoverable Silver							0.0024	mg/L	0	1/365
Pentachlorophenol							0.014	mg/L	0	1/365
TYPED OR PRINTED							< 0.00093	mg/L	0	1/365
NAMETITLE PRINCIPAL EXECUTIVE OFFICER							0.001	mg/L	0	1/365
Joseph Whelan, General Manager/Vice President Waste Management of Hawaii, Inc.							< 0.024	mg/L	0	1/365
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							0.02	mg/L	0	1/365
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Mention all violations here)							TELEPHONE		DATE	
Joseph Whelan							808	663-2365	2010	12 30
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO DAY

PERMITTING AUTHORITY		NAME		ADDRESS		FACILITY		LOCATION	
City and County of Honolulu Department of Environmental Services, Refuse Division 1000 Uluohia Street, Suite 212 Kapolei, Oahu 96707		92-160 Farrington Highway Kapolei, Oahu 96707		Waianae Gulch Sanitary Landfill		Culvert Entrance, Property Boundary		Sampled on 12/10/10	

NATIONAL POLLUTANT DISCHARGE MONITORING REPORT (NPDES)
ELIMINATION SYSTEM (WPS) REPORT (DAR)

For: Approved.
OMB No. 2040-0504

PERMIT NUMBER	HIR50A533
DISCHARGE NUMBER	WGLF-Culvert-02

MONITORING PERIOD				
YEAR	MO	DAY	YEAR	MO
FROM	10	3	02	TO

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PERMIT REQUIREMENT									

NOTE: Read instructions before completing this form.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel preparing and evaluating the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
<i>Joseph Whelan</i>		TELEPHONE	DATE
Joseph Whelan, General Manager/Vice President Waste Management of Hawaii, Inc.		808 658-2985	2010 12 30
TYPED OR PRINTED		AREA CODE	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		YEAR	MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PARTICULATED NAME/ADDRESS (Indicate Facility Name/Location if Different)
 City and County of Honolulu
 Department of Environmental Services, Refuse Division
 1000 Uluohia Street, Suite 212
 Kapolei, Oahu 96707

NATIONAL POLLUTANT DISCHARGE MONITORING REPORT (NPDES)	
WOLF-Culvert-03	
DISCHARGE NUMBER	
PERMIT NUMBER	

ADDRESS 92-460 Farrington Highway
 Kapolei, Oahu 96707
 FACILITY Waimanao Gulch Sanitary Landfill
 1000 Uluohia Street, Suite 212
 LOCATION Culvert Entrance. Property Boundary
 Sampled on 12/23/10

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING						QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
Biochemical Oxygen Demand	SAMPLE MEASUREMENT					18	18	mg/L	0	1/365	Composite		
	PERMIT REQUIREMENT					Report				1/365	Composite		
Chemical Oxygen Demand	SAMPLE MEASUREMENT					85	85	mg/L	0	1/365	Composite		
	PERMIT REQUIREMENT					Report				1/365	Composite		
Total Suspended Solids	SAMPLE MEASUREMENT					86	86	mg/L	0	1/365	Composite		
	PERMIT REQUIREMENT					100	100	mg/L		1/365	Composite		
Total Phosphorus	SAMPLE MEASUREMENT					0.32	0.32	mg/L	0	1/365	Composite		
	PERMIT REQUIREMENT					Report				1/365	Composite		
Total Nitrogen	SAMPLE MEASUREMENT					2.7	2.7	mg/L	0	1/365	Composite		
	PERMIT REQUIREMENT					Report				1/365	Composite		
Nitrate + Nitrite Nitrogen	SAMPLE MEASUREMENT					0.057	0.057	mg/L	0	1/365	Composite		
	PERMIT REQUIREMENT					Report				1/365	Composite		
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	JOSEPH WHELAN	TELEPHONE		DATE
Joseph Whelan, General Manager/Vice President Waste Management of Hawaii, Inc.		808	655-2585	2011
TYPED OR PRINTED				11
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				

NATIONAL POLLUTANT DISCHARGE MONITORING REPORT (NPDES)

PERMIT NUMBER	IL R50A-533
DISCHARGE NUMBER	WOLF-Culvert-03

PERMITTEE NAME—CLASS (Indicate Facility Name/Location if Different)
 NAME City and County of Honolulu
 Department of Environmental Services, Refuse Division
 1000 Ululua Street, Suite 212
 Kapolei, Oahu 96707

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 10	3	02	TO 10	12	30

ADDRESS 92-460 Farrington Highway
 Kapolei, Oahu 96707
 FACILITY Walmars Gulls Sanitary Landfill
 LOCATION Culvert Entrance, Property Boundary
 Sampled on 12/23/10

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Oil and Grease	SAMPLE MEASUREMENT				2.2	mg/L	0	1/365	Grab
	PERMIT REQUIREMENT				15			1/365	Grab
pH	SAMPLE MEASUREMENT				7.76		0	1/365	Grab
	PERMIT REQUIREMENT				5.5-8.0			1/365	Grab
Flow	SAMPLE MEASUREMENT	0.6	cf/s				0	1/365	Composite
	PERMIT REQUIREMENT	No discharge limitation at this time.						1/365	Composite
Total Recoverable Iron	SAMPLE MEASUREMENT				4.5	mg/L	1	1/365	Composite
	PERMIT REQUIREMENT				4.0			1/365	Composite
Total Recoverable Zinc	SAMPLE MEASUREMENT				0.044	mg/L	1	1/365	Composite
	PERMIT REQUIREMENT				0.022			1/365	Composite
Ammonia	SAMPLE MEASUREMENT				0.12	mg/L	0	1/265	Composite
	PERMIT REQUIREMENT				10 (daily max) 4.9 (max monthly avg)			1/365	Composite
Alpha Terpenol	SAMPLE MEASUREMENT				< 0.01	mg/L	0	1/365	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<i>Joseph W. Whelan</i>			TELEPHONE	DATE	
Joseph Whelan, General Manager/Vice President Waste Management of Hawaii, Inc.			808	466-2985	2011	1 11
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR
					MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Refer to all attachments here)						

PERMITTEE NAME/Address/ Facility Name/Location if Different
 NAME City and County of Honolulu
 Department of Environmental Services, Refuse Division
 1000 Ulukohua Street, Suite 212
 Kapolei, Oahu 96107

NATIONAL POLLUTANT DISCHARGE MONITORING SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)	
PERMIT NUMBER	III R504533
DISCHARGE NUMBER	WGLF-Convect-03

ADDRESS 92-460 Fanning Highway
 Kapolei, Oahu 96707
 FACILITY Waimana Gulch Sanitary Landfill
 LOCATION Culvert Entrance, Property Boundary
 Sampled on 12/23/10

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 10	3	02	TO 10	12	30

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	PERMIT REQUIREMENT	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	
Benzene Acid	SAMPLE MEASUREMENT					< 0.05	0.033 (daily max) 0.016 (max monthly avg)	mg/L	1/365 Composite
p-Cresol	SAMPLE MEASUREMENT					0.12 (daily max) 0.071 (max monthly avg)		mg/L	1/365 Composite
Phenol	SAMPLE MEASUREMENT					< 0.01	0.025 (daily max) 0.014 (max monthly avg)	mg/L	1/365 Composite
Total Recoverable Arsenic	SAMPLE MEASUREMENT					< 0.01	0.026 (daily max) 0.015 (max monthly avg)	mg/L	1/365 Composite
Total Recoverable Cadmium	SAMPLE MEASUREMENT					0.0064	0.0064 (daily max) 0.0045 (max monthly avg)	mg/L	1/365 Composite
Total Recoverable Chromium (VI)	SAMPLE MEASUREMENT					0.38		mg/L	1/365 Composite
TYPED OR PRINTED	PERMIT REQUIREMENT					0.003		mg/L	1/365 Composite
	PERMIT REQUIREMENT					0.012		mg/L	1/365 Composite
	PERMIT REQUIREMENT					0.016		mg/L	1/365 Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Joseph Whelan, General Manager/Vice President Waiao Management of Hawaii, Inc.	808 698-2985	2011 1 11
TYPED OR PRINTED	AREA CODE	NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/LESS /Institution Name/Location/Officer
 City and County of Honolulu
 Department of Environmental Services, Refuse Division
 1000 Ululais Street, Suite 212
 Kapolei, Oahu 96707

NATIONAL POLLUTANT DISCHARGE MONITORING REPORT (DPMR)
 PERMIT NUMBER HI 0504533
 WGF-Quarantine-03
 DISCHARGE NUMBER

ADDRESS 92-450 Farrington Highway
 Kapolei, Oahu 96707
 FACILITY Waipahu Glass Sanitary Landfill
 LOCATION Culvert Entrance, Property Boundary
 Sampled on 11/22/10

NOTE: Read Instructions before completing this form.

PARAMETER	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM			
Total Recoverable Lead	SAMPLE MEASUREMENT			0.0048	mg/L	0
Total Recoverable Mercury	PERMIT REQUIREMENT			0.0029		1/365 Composite
	SAMPLE MEASUREMENT			0.000049	mg/L	0
Total Recoverable Selenium	PERMIT REQUIREMENT			0.0024		1/365 Composite
	SAMPLE MEASUREMENT			0.014	mg/L	0
Total Recoverable Silver	PERMIT REQUIREMENT			0.02		1/365 Composite
	SAMPLE MEASUREMENT			< 0.00093	mg/L	0
Pentachlorophenol	PERMIT REQUIREMENT			0.001		1/365 Composite
	SAMPLE MEASUREMENT			< 0.021	mg/L	0
Benzene	PERMIT REQUIREMENT			0.02		1/365 Composite
	SAMPLE MEASUREMENT			1.2	mg/L	0
Chloride	PERMIT REQUIREMENT			Report		1/365 Composite
	SAMPLE MEASUREMENT			160	mg/L	0
	PERMIT REQUIREMENT			Report		1/365 Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	DATE
Joseph Whelan, General Manager/Vice President Waste Management of Hawaii, Inc.	Telephone
TYPED OR PRINTED	Signature of Principal Executive Officer or Authorized Agent
Comments and Explanation of Any Violations (Reference all attachments here)	Area Code
	Number
	Year
	Mo
	Day

Comments and Explanation of Any Violations (Reference all attachments here)

EPA Form 3320-1 (Rev. 3/92) Previous editions may be used

PERMITTEE NAME/ADDRESS/Mobile/Fax/IN: Name/Location of Disposal
 City and County of Honolulu
 Department of Environmental Services, Refuse Division
 1000 Uahia Street, Suite 212
 Kapolei, Oahu 96707

NATIONAL POLLUTANT DISCHARGE MONITORING SYSTEM (NPDES) IG REPORT (DMR)	
HI 1004555	WGLF-Cuver1.03
DISCHARGE NUMBER	

ADDRESS 92-460 Farrington Highway
 Kapolei, Oahu 96707
 FACILITY Walmart Gulch Sanitary Landfill
 LOCATION Culvert Entrances, Property Boundary
 Sampled on 12/23/10

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 10	3	02	TO 10	12	30

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Surface	SAMPLE MEASUREMENT					74	mg/L	0	1/365 Composite
	PERMIT REQUIREMENT				Report			1/365	Composite
Bicarbonate Alkalinity	SAMPLE MEASUREMENT					210	mg/L	0	1/365 Composite
	PERMIT REQUIREMENT				Report			1/365	Composite
Carbonate Alkalinity	SAMPLE MEASUREMENT					< 5	mg/L	0	1/365 Composite
	PERMIT REQUIREMENT				Report			1/365	Composite
Total Alkalinity	SAMPLE MEASUREMENT					210	mg/L	0	1/365 Composite
	PERMIT REQUIREMENT				Report			1/365	Composite
Calcium	SAMPLE MEASUREMENT					52	mg/L	0	1/365 Composite
	PERMIT REQUIREMENT				Report			1/365	Composite
Magnesium	SAMPLE MEASUREMENT					27	mg/L	0	1/365 Composite
	PERMIT REQUIREMENT				Report			1/365	Composite
Potassium	SAMPLE MEASUREMENT					9.2	mg/L	0	1/365 Composite
	PERMIT REQUIREMENT				Report			1/365	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Joseph W. Whelan	TELEPHONE	DATE
Joseph Whelan, General Manager/Vice President Waste Management of Hawaii, Inc.	808 660-2905	2011	1 11
TYPED OR PRINTED			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)			
<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that classified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manages this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p> <p><i>Joseph W. Whelan</i></p>			
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR
			NO DAY

Attachment C
Notice of Exceedance Letters



WASTE MANAGEMENT
92-469 Fanning Hwy.
Kapolei, HI 96707
(808) 658-2985
(808) 658-1266 fax

May 5, 2010

Ms. Kris Poentis, Engineering Section
State Department of Health
Environmental Management Division
Clean Water Branch
P.O. Box 3378
Honolulu, HI 96801-3378

Subject: Waimanalo Gulch Sanitary Landfill, Kapolei, Oahu, Hawaii
File No. HI R50A533

Dear Ms. Poentis:

Per Hawaii Administrative Rules (HAR) Chapter 11-55, Appendix B, this letter serves as written notification to the State Department of Health (DOH) Clean Water Branch (CWB) of a recent exceedance of storm water discharge limitations as stated in the Waimanalo Gulch Sanitary Landfill (WGSL) Notice of General Permit Coverage (NGPC), dated March 2, 2005. The sample event occurred on May 3, 2010. A pH test was conducted in the field that yielded a result that was below the allowable limit for pH at the site. A representative of Waste Management of Hawaii (WMH) made a verbal notification of the exceedance to the CWB on May 5, 2010. The exceedance is listed in the table below, along with the corresponding discharge limitation per the NGPC:

Table 1: WGSL Storm Water Sampling Exceedances

Parameter	Result (mg/L)	Effluent Limitation
pH (Standard Units)	7.1	7.8-8.6

Attached for your information, are the following:

- Attachment A – Field Information Form

Discharge from the outfall was observed beginning at approximately 0945. The field pH meter was calibrated and a field pH measurement was collected at 1117.

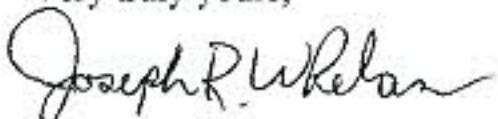
Actions that will be implemented by WMH due to the exceedances include the following:

- Finalize the design plans for improvements to the eastern and western drainage areas. This design will include diverting the up canyon storm water run on around the site.
- Seed the landfill side slopes for temporary erosion control.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

If you should have any questions or require additional information, please contact me at (808) 668-2985.

Very truly yours,



Joseph Whelan
General Manager/Vice President
Waste Management of Hawaii

Enclosures: Attachment A – Field Information Form

cc: Wayne Hamada - City and County of Honolulu
Justin Lottig - WMH
Jesse Frey - WMH
Tobias Koehler - AECOM Technical Services

FIELD INFORMATION FORM

Site
Name:
Site
No.:

64141

Waimanalo Beach San. 4.1
Sample Point:
Sample ID:

This Waste Management Field Information Form is Required.
This form is to be completed, in addition to any State Forms. The Field Form is submitted along with the Chain of Custody Forms that accompany the sample containers (i.e., with the order that is returned to the laboratory).



Laboratory Use Only/Lab ID:

PURGE INFO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	PURGE DATE MM/DD/YY	PURGE TIME (2400 Hr Clock)	ELAPSED HRS (Decimal)	WATER VOL IN CASING - (Gallons)	ACTUAL VOL PURGED (Gallons)	WELL VOLs PURGED							
<i>Note: For Passive Sampling, replace "Water Vol in Casing" and "Well Vol's Purged" w/ Water Vol in Drilling/Flow Cell and tubing/Flow Cell Vol's Purged. Mark changes, record field date, below.</i>													
PURGE SAMPLE EQUIPMENT*	Purging and Sampling Equipment ... Dedicated: <input checked="" type="checkbox"/> Y or <input type="checkbox"/> N			Filter Device: <input checked="" type="checkbox"/> Y or <input type="checkbox"/> N	0.45 g. or <input type="checkbox"/> g. (Circle or fill in)								
	Purging Device	A-Submersible Pump B-Peristaltic Pump C-OED Bladder Pump X-Other: <i>Glass</i>	D-Boiler E-Piston Pump F-Dipper/Bottle <i>Collected O+G directly into bottle</i>	Filter Type: <i>N/A</i>	A-In-line Disposable B-Pressure X-Other	C-Vacuum							
	Sampling Device	<i>Banked</i>	<i>Collected remaining w/ Bladder</i>	Sample Tube Type:	A-Teflon B-Stainless Steel	C-PVC D-Polypropylene	X-Other:						
	Well Elevation (at TOC)	(ft/m)	Depth to Water (DTW) (from TOC)	(ft)	Groundwater Elevation (site datum, from TOC)	(ft/m)							
Total Well Depth (from TOC)	(ft)	Stick Up (from ground elevation)	(ft)	Casing ID (in)	Casing Material								
<i>Note: Total Well Depth, Stick Up, Casing Id, etc. are optional and can be from historical data, unless required by State/Permit. Well Elevation, DTW, and Groundwater Elevation must be current.</i>													
STABILIZATION DATA (Optional)	Sample Time (2400 Hr Clock)	Rate/Unit.	pH (std)	Conductance (SC/EC) (mhos/cm @ 25°C)	Temp. (°C)	Turbidity (ntu)	DO (mg/L - ppm)	eH/ORP (mV)	DTW (ft)				
	1/11/17	1 st	1 st	1 st	1 st	1 st	1 st	1 st	1 st				
		2 nd	2 nd	2 nd	2 nd	2 nd	2 nd	2 nd	2 nd				
		3 rd	3 rd	3 rd	3 rd	3 rd	3 rd	3 rd	3 rd				
		4 th	4 th	4 th	4 th	4 th	4 th	4 th	4 th				
		5 th	5 th	5 th	5 th	5 th	5 th	5 th	5 th				
		6 th	6 th	6 th	6 th	6 th	6 th	6 th	6 th				
		7 th	7 th	7 th	7 th	7 th	7 th	7 th	7 th				
		8 th	8 th	8 th	8 th	8 th	8 th	8 th	8 th				
		9 th	9 th	9 th	9 th	9 th	9 th	9 th	9 th				
Suggested range for 3 consec. readings at each Permit/State requirement:		+/- 0.2		+/- 3%		-		+/- 10%		+/- 25 mV			
Stabilization Data Fields are Optional (i.e. complete stabilization readings for parameters required by WM, Site, or State). These fields can be used where four (4) field measurements are required by State/Permit/Site. If a Data Logger or other Electronic format is used, fill in final readings below and submit electronic data separately to Site. If more fields above are needed, use separate sheet or form.													
FIELD DATA	SAMPLE DATE (MM DD YY)	pH (std)	CONDUCANCE mhos/cm @ 25°C	TEMP. (°C)	TURBIDITY (ntu)	DO (mg/L - ppm)	eH/ORP (mV)	Other: Units					
	05/03/17	7.6	260	26.0	-	-	-	-					
First Field Readings are required (i.e. record field measurements, final stabilized readings, passive sample readings before sampling for all field parameters required by State/Permit/Site).													
Sample Appearance: <i>Slightly yellowish, clear</i>		Odor: <i>None</i>		Color: <i>Yellowish</i>		Other:							
Weather Conditions (required daily, or as conditions change):		Direction/Speed: <i>S/SW</i>		Outlook: <i>overcast</i>		Precipitation: <input checked="" type="checkbox"/> Y or <input type="checkbox"/> N <i>occ. showers</i>							
Specific Comments (including purge/well volume calculations if required):													
FIELD COMMENTS	<i>- Collected O+G volume directly into sample Bottles - Collected 2 aliquots of remaining sample volume, composited and placed into remaining sample bottles - 50/50 composite based on flow - ~40 min spacing b/wn aliquot</i>												
	I certify that sampling procedures were in accordance with applicable EPA, State, and WM protocols (if more than one sampler, all should sign):												
	<i>5/4/10 Tobias Koehler 5/25/17 M ATS</i>												
	Date:	Name:	Signature:		Company:								
DISTRIBUTION: WHITE/ORIGINAL - Stays with Sample, YELLOW - Returned to Client, PINK - Field Copy													
STL-8029WM R: 12/00													

KAPOLEI STATION USPS

Waipahu, Hawaii
967072098

1424030291 -0096

05/06/2010 (800)275-8777 02:59:37 PII

Sales Receipt			
Product Description	Sale Qty	Unit Price	Final Price
HONOLULU HI 96814		\$1.22	
Zone-1 First-Class			
Large Env			
2.50 oz.			
Expected Delivery: Fri 05/07/10			
Return Rcpt (Green Card)		\$2.30	
Certified		\$2.80	
Label #:	70091680000009404639		
Issue PVI:		\$6.32	
HONOLULU HI 96801		\$1.05	
Zone-1 First-Class			
Large Env			
1.20 oz.			
Expected Delivery: Fri 05/07/10			
Return Rcpt (Green Card)		\$2.30	
Certified		\$2.80	
Label #:	70091680000009404622		
Issue PVI:		\$6.15	
Total:		\$12.47	

Paid by:

VISA \$12.47
 Account #: XXXXXXXXXXXXXXX9258
 Approval #: 079429
 Transaction #: 396
 23 903131183

Order stamps at USPS.com/shop or call 1-800-Stamp24. Go to USPS.com/clicknship to print shipping labels with postage.

For other information call 1-800-ASK-USPS.

 Get your mail when and where you want it with a secure Post Office Box. Sign up for a box online at usps.com/poboxes.

Bill#: 1000402549488
 Clerk: 08

U.S. POSTAL SERVICE		
CERTIFIED MAIL RECEIPT		
HONOLULU HI 96814		
OFFICIAL USE		
Postage	\$	0291
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Steven Chang, P.E., Chief Solid and Hazardous Waste Branch State of Hawaii Department of Health 919 Ala Moana Blvd #212 Honolulu, HI 96814		
PS Form 3800, August 2006		See Reverse for Instructions

U.S. POSTAL SERVICE		
CERTIFIED MAIL RECEIPT		
HONOLULU HI 96801		
OFFICIAL USE		
Postage	\$	0291
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Kris Poentis \$6.15 05/06/2010 Clean Water Branch Environmental Management Division State Department of Health P.O Box 3378 Honolulu, HI 96801-3378		
PS Form 3800, August 2006		See Reverse for Instructions